

**Application Data Sheet****Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?::  
Title:: AUTOLOGOUS WOUND SEALING APPARATUS  
  
Attorney Docket Number:: JM-045 US  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 3  
Total Drawing Sheets:: 18  
Small Entity?:: No  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Kenneth  
Middle Name:: J.  
Family Name:: Michlitsch  
City of Residence:: Livermore

**State or Province of**  
**Residence::** California  
**Country of Residence::** US  
**Street of mailing address::** 4613 Pamela Commons  
  
**City of mailing address::** Livermore  
**State or Province of mailing**  
**address::** California  
**Country of mailing address::** US  
**Postal or Zip Code of mailing**  
**address::** 94550

## **Correspondence**

### **Information**

#### **Correspondence Customer**

**Number::** 35023  
**Name::** \_\_\_\_\_  
**Street of mailing address::**  
**City of mailing address::**  
**State or Province of mailing**  
**address::**  
**Postal or Zip Code of mailing**  
**address::**  
**Phone number::**  
**Fax Number::**  
**E-Mail address::**

**Representative  
Information**

<b>Representative Customer Number:::</b>	35023	
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**Domestic Priority  
Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	National Stage of	PCT/EP2003/008246	07/25/03
PCT/EP2003/008246	Claims the benefit of	60/401,226	08/01/02

**Foreign Priority  
Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

**Assignee Information**

**Assignee name::** ABBOTT LABORATORIES VASCULAR  
ENTERPRISES, LIMITED

**Street of mailing address::** Earlsfort Center, Terrace

**City of mailing address::** Dublin 2

**State or Province of mailing**

**address::**

**Country of mailing address:: Ireland**

**Postal or Zip Code of mailing**

**address::**